

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>15175-10</i>	FILING DATE <i>2-2-77</i>
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		2					52						
3		3					53						
4		4					54						
5		5					55						
6		6					56						
7		7					57						
8		8					58						
9		9					59						
10		10					60						
11		11					61						
12		12					62						
13		13					63						
14		14					64						
15		15					65						
16		16					66						
17		17					67						
18		18					68						
19		19					69						
20		20					70						
21		21					71						
22		22					72						
23		23					73						
24		24					74						
25		25					75						
26		26					76						
27	1						77						
28		1					78						
29	1						79						
30	1						80						
31		2					81						
32		3					82						
33		4					83						
34		5					84						
35		6					85						
36	1						86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.		1					TOTAL DEP.						
TOTAL CLAIMS	1	1					TOTAL CLAIMS						

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SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		1					55						
6		5					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		3					61						
12		1					62						
13		1					63						
14		3					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27							77						
28							78						
29							79						
30							80						
31		2					81						
32							82						
33		3					83						
34		1					84						
35		1					85						
36		1					86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.		1					TOTAL DEP.						
TOTAL CLAIMS	4	1					TOTAL CLAIMS						